

U.S. Department of Justice
United States Marshals Service

US MARSHALS SERVICE

APR 9 2008

NORTHERN DISTRICT
OF CALIFORNIA

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
JOHN BOUTTECOURT CASE NUMBER
C07-5271 MHP

DEFENDANT

EXPERIAN INFORMATION SYSTEMS, INC.

TYPE OF PROCESS

SUMMON, COMPLAINT & ORDERS

SERVE
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

EXPERIAN INFORMATION SYSTEMS, INC.

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

P.O. BOX 9701, ALLEN TX 75013

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

JOHN BOUTTE
225 BERRY STREET, #303
SAN FRANCISCO, CA 94107
(415) 896-9205Number of process to be
served with this Form 285Number of parties to be
served in this caseCheck for
on U.S.A.FILED
JUN 27 2008
RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

(415) 522-2000

DATE

4/4/08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)Total Process
1District of
Origin
No. 11District to
Serve
No. 78

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

\$8.00

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

\$0.00

REMARKS:

5/4/08 - Mailed certified / Return Receipt (Address P.O. Box only)
5/6/08 - Served certified / Registered mail

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

UNITED STATES MARSHALS SERVICE
450 GOLDEN GATE AVENUE
P.O. BOX 36056, RM# 20-6888
SAN FRANCISCO, CA 94102
ATTN: CIVIL

CV07-05271

